JAN 0 3 2005

60,130-1906; 03MRA0446

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Eluid David Carter

Serial No.:

10/785,363

Filed:

February 24, 2004

Examiner:

Morrow, Jason S.

Art Unit:

3612

Title:

DOOR MODULE CABLE HOLDER

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Dear Sir.

This paper is responsive to the office action mailed on December 2, 2004. Please amend the application in the following particulars:

01/10/2005 EKEY11 00000005 501482

200.00 DA 150.00 DA

02 FC:1202

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10785363

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1)					(Column 2)			TYPE			OF SMALL ENTITY	
TOTAL CLAIMS			17					RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	/ 7 minus 20=] . [XS 9=		OR	X\$16=	
INDEPENDENT CLAIMS 3 =					• -			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								-145=		OR	- 290≈	
• If the difference in column 1 is less than zero, enter "0" in column						column 2	L	TOTAL		OR	TOTAL	77/9
CLAIMS AS AMENDED - PART II								Į.		1		THOM
(Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	23	Minus	<u>- ð</u>	6	= 3	$\ \cdot\ $	XS 9=		OR	X\$18=	15000
	Independent	NTATION OF MU	Minus	ENDENT	<u> </u>	= /	$\mid \mid \mid$	X43=		OR	X86=	200°
	1		Jern ee De	LIVOLIVI	CEAN		' [+145=		OR	+290=	
				-	-		L	TOTAL		OR	TOTAL	000
		(0.1,		(0-1 -				ODIT. FEE		J	TOTAL	7.7
	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colum		(Column 3)	٦ ,					
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	-	=	1	XS 9=		OR	X\$18=	
AME	Independent	NTATION OF MI	Minus	ENDENT	CI AINA	-		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>' </u>	+145=		OR	+290=	
							AD.	FOTAL DIT. FEE	·	OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER · USLY	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR	700-	·
	I the color is set	mm • in tage sheer					Ŀ	145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." AD								TOTAL		OR ,	TOTAL	
	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											